

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057955

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** 11 PINE ISLAND ROAD, LLC

**Current Principal Place of Business:**

10561 SIX MILES CYPRESS PARKWAY, SUITE A  
FORT MYERS, FL 33912

**New Principal Place of Business:**

10561 SIX MILES CYPRESS PARKWAY, SUITE A  
FORT MYERS, FL 33966

**Current Mailing Address:**

10561 SIX MILES CYPRESS PARKWAY, SUITE A  
FORT MYERS, FL 33912

**New Mailing Address:**

10561 SIX MILES CYPRESS PARKWAY, SUITE A  
FORT MYERS, FL 33966

**FEI Number:** 26-0293311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER, DAVID K  
1648 PERIWINKLE WAY, SUITE B  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FOWLER, ROBERT SR.  
Address: 10561 SIX MILES CYPRESS PARKWAY, SUITE A  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FOWLER, ROBERT SR.  
Address: 10561 SIX MILES CYPRESS PARKWAY, SUITE A  
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** ROBERT FOWLER, SR.

MGR

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date